**ISW SGO/CONNECTED PERSONS ASSESSMENT NOTIFICATION**

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| 1. **Name(s) of child(ren) to be assessed:**
 |
| **Child’s Full Name** | **Mosaic No** | **Date of Birth** | **Gender** | **Ethnicity** | **Legal Status** |
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| 1. **Applicant/s:**
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| **Full Names of Carers** | **Date of Birth** | **Mosaic No** | **Relationship to child(ren)** |
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|  |  |  |  |
| **Other Household Members** |  |  |
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| **Address of Carers**  |  |
| **Telephone** 🕿 |  | **Email** |  |
| **Child’s Social Worker:** |  |
| **Practice Manager:** |  |
| **LA Solicitor**  |  |
| **Email:** |  |
| **Name of ISW** |  |
| **Email** |  |
| **Telephone number** 🕿 |  |
| **Referral date** |  |
| **Court Filing date** |  |

The allocated social work team/solicitor will send the completed notification form to lisa.north@westsussex.gov.uk Family and Friends Team administrator when an ISW has been instructed to undertake a SGO/Connected Persons assessment.